

THE
MEDICAL & SURGICAL
REPORTER.
A WEEKLY JOURNAL.

S. W. BUTLER, M. D., } EDITORS.
W. B. ATKINSON, M. D., }

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P R O S P E C T U S .

As first a Quarterly, and then a Monthly, the **MEDICAL AND SURGICAL REPORTER** has been before the Profession for *Eleven Years*, and has established a reputation for Independence and Utility which has carried its circulation to the most remote parts of our land. It is due to the organized profession of New Jersey to say that it is chiefly indebted to their countenance and support for the position it holds. In its *Weekly form*, the REPORTER will not swerve from its past independent and utilitarian course; but rather, profiting by the experience of the past, seek a closer alliance with the profession, laboring with renewed zeal in the cause of medical progress.

To this end, it will be an earnest supporter of our National, State and other medical associations. It will ever keep a vigilant eye on the profession itself, endeavoring, without fear or favor, to correct abuses of all kinds that come under its observation, by advising its readers of them, always seeking to advocate the *right*, and to put down wrong, either in, or against, the profession. A watchful eye will also be kept on the public, and every opportunity embraced to inculcate right views on the reciprocal duties of the profession and the public.

The *principal* object of the work, however, will not be lost sight of viz: to make the REPORTER a frequent and profitable means of intercommunication between the members of the profession. Original communications on medical subjects, with notices of new books, will always find a place in our columns, and a large part of each weekly issue will be devoted to reports of *Lectures* by distinguished Physicians and Surgeons; to *Clinical Reports* from Hospitals, etc., in this and other cities; and to *Reports of Medical Societies*, so far as their debates may be of general interest to the profession.

We shall also draw largely from the pages of cotemporaneous Medical Journals, both domestic and foreign, giving weekly summaries of whatever passes under our eye of general interest to medical men. In fact, no means that we can command will be left untried to make our journal an able exponent of American Medicine and Surgery.

To enable us to carry out our plans creditably to ourselves and to the profession of our country, we solicit an earnest and hearty pecuniary and literary support.

The REPORTER will be issued on Friday morning of each week, and mailed to subscribers at **THREE DOLLARS** per annum, or **ONE DOLLAR** for four months. *The money must invariably accompany the order*, in current funds, gold dollars, or postage-stamps. Single copies, *eight cents*. Communications, Essays, Items of Intelligence, Biographical Sketches of Distinguished Men, Notices of Marriages and deaths of Physicians, etc., etc., are respectfully solicited.

Address "*Editors of the Medical and Surgical Reporter*," Box 1422 Philada. Pa.

S. W. BUTLER, M.D.,
W. B. ATKINSON, M.D., } *Editors.*

R A T E S O F A D V E R T I S I N G .

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THE MEDICAL AND SURGICAL REPORTER.

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Original Communications.

A Case of Neuralgia Successfully Treated by Exsection of the Inferior Maxillary Nerve.

BY D. HAYES AGNEW, M. D.,
Of Philadelphia.

Mrs. ———, a widow lady aged sixty-three, had for five years suffered intense pain in the teeth of the lower jaw, and the integument as far forward as the middle of the lower lip and chin. She had been under the care of several physicians in Baltimore, and elsewhere, and taken every conceivable remedy. All the teeth on the affected side had been removed, yet without relief. At the suggestion of some friends, she consulted Dr. Ludlow, of this city, who, satisfied that internal remedies, and external applications promised but little benefit, advised a resort to operative measures. By request of the Doctor, I visited her in company with himself. Her face bore the marks of intense and protracted suffering: the surface of the skin, from the anterior dental foramen to the median line of the lip and chin, was so exquisitely tender as not to tolerate the slightest touch of the finger, while the paroxysms of pain were almost insupportable. For five years she had not been exempt from severe suffering, except when under the influence of powerful anodynes. An operation was suggested, to which she readily assented. On the 25th of September, assisted by Drs. Ludlow, Smith, and Page, the patient being placed completely under the influence of ether, an incision was commenced a little in front of the angle of the inferior maxillary bone, and

carried upward sufficiently high not to endanger the parotid duct: the integument and masseter muscles were divided down to the bone, and the parts being held asunder, a $\frac{3}{4}$ inch trephine was applied and the external table removed, exposing the inferior dental canal containing its blood-vessels and nerve. This portion of the nerve being removed, the hemorrhage resulting from the division of the inferior dental artery, which was very profuse, was arrested by an application of the actual cautery. The subsequent treatment consisted in simply approximating and maintaining in position the edges of the wound by adhesive strips, a compress, and T bandage. The result was most satisfactory, as she has enjoyed ever since the operation, a complete exemption from all suffering, and so great has been the transition, that she can find no language which so adequately expresses the contrast of her present comfort with her previous distress, as that of being in *Paradise*.

Researches into Odic Phenomena:

DISCOVERY OF A NEW COSMICAL AGENT.

From Letters of Baron Reichenbach, of
Vienna.

EXTRACTED AND TRANSLATED BY
DR. G. BACHMAN.

Baron Reichenbach, of Vienna, recently published the results of his experiments on sensitive persons of marked nervous temperament, who are capable of perceiving the manifestation of an imponderable agent, hitherto unknown, and unappreciable by persons not endowed with a nervous temperament. The Baron gives to this agent the name of *Od*. He refers to a future one of the series of letters in which he publishes his observa-

tions, to explain the etymology of the term.

The first peculiar phenomenon, which was perceived by a lady of his acquaintance, and which led him to experiment further, is this: A large mountain-crystal, which had a flat base and pointed apex, was lying horizontally across the corner of a table, projecting at its two ends. The room was completely dark, which darkness was broken by a blue light, emanating from the sharp end, in an undulating, scintillating motion, and a yellow flame issuing, with a similar movement, from the blunt end of the crystal. On subsequent experiments with hundreds of other sensitive persons, as he calls them, he found this remarkable phenomenon confirmed, and also found that these persons, on approaching the crystal with the left hand within three inches, or so many feet, (if the crystal be a large one,) would experience a cool breath issuing from the sharp end, and a lukewarm one from the base end. The former is accompanied by a sensation of agreeable, exhilarating freshness; the latter by repugnance, and sometimes nausea. The Baron, startled at these singular manifestations, was at a loss to refer them to any known physical and physiological laws. It cannot be heat, for there is no source of heat, and the thermoscope remains unaffected by it. Electricity it is not, for there is no electro-excitor at play; the electroscope remains, also, unaffected by it, and conduction according to electrical laws, is fruitless.

Magnetism it cannot be, for crystals are not magnetical; nor can it be light, as mere light is not attended by sensations of warmth or cold.

The Baron being convinced of having discovered a new dynamid, carried his investigations further, and next tested its effects and presence in the sun. He placed the observer in the shade, holding a glass rod, or even wooden stick, in the left hand, ordering the rod or stick to be held in the light of the sun. According to our received notions of conduction and radiation of heat,

we should expect to hear the observer say that a sense of heat in his hand was the result of the test, but the contrary takes place. The hand will feel cool, and immediately on retracting the rod into the shade, a sensation of heat will follow.

These are the circumstances which reverse the order of things as perceived until now,—the rays of the sun do produce in certain conditions just what they are expected to obviate, cold—and this cold, the subjects perceiving it will tell you, has an effect analogous to that which that issuing from the pointed crystal manifests. If this phenomenon just described is of the nature of the *od*, it will like the crystal, emanate light in the darkness. Thus sylogizing, the Baron conducted a copper wire from the light of the sun into a darkened room, in which representatives of the temperament mentioned heretofore were posted. Immediately the persons belonging to that class observed the wire glowing, and a flame of the size of a finger rising from its end. Go a step further, and throw the colors of the rainbow through a glass prism, on the next wall, let the nervous individual catch the reflected colors by means of the glass or wooden rod, on the mere hand; the effect will be as follows: The blue color will create a pleasant, refreshing sensation, more so than from the light of the sun, the yellow will produce the known lukewarmness of the *od*ic tests already mentioned, and the red will increase the latter effects and fatigue the arm. This seems to furnish an index at the same time, that caprices which individuals show in regard to color, may have another cause than mere optical impression. Aside from the *od*ic effects of the colors, the Baron proves the *od* nature of the solar rays. Polarize them in the known manner, that you let them pass through a bundle of a dozen glass disks, on an angle of 35 deg.; then let the sensitive observer throw the rod alternately into the direct and reflected light, and the result will be an alternate sense of cold and lukewarm-

ness, as the rod passes the direct or reflected light.

Further: place a glass of water under the direct or reflected light, or under the blunt end and the sharp end of the crystal, or under the blue color of the artificial iris and the yellow of the same, and that which produces coolness of the reagents cited, will acidulate the water, after being from five to ten minutes under its influence, and that which produces the lukewarmness will cause the water to taste bitter and nauseating to the sensitive, while the former he will drink with pleasure, and think it refreshing.

The experiments in respect to the solar light will be polarly reversed if the moonlight is experimented on.

The Baron promises to show, in his future letters, what the influence of his discovered cosmic dynamid is on the entire universe.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL:

OCTOBER 2ND.

SERVICE OF DR. GERHARD.

BRONCHITIS.

A case of bronchitis was presented in the person of a woman, whose appearance indicated great exhaustion. There was diminished power of nutrition. The pulse was not frequent, being about 75, and this is a good indication, showing that it is not a case of tuberculosis. The cough is most troublesome at night, with an expectoration of a white and yellow matter, but no blood. The chest is not rounded, which is a good indication. Percussion produces a clear sound on both sides; in fact, rather too clear. It is evidently a case of bronchitis with emphysema. On auscultation, a sonorous mucous ronchus is heard. We have two indications here to prescribe for—the great want of strength, and the disease itself. We will give cod liver oil, and the following:

R Quin. sulph. gr. ij.
Pulv. ferri gr. j.
ft. pil.

Give one three or four times a day. Diet should be nutritious. The chest should be

bathed with salt water, or a slightly stimulating liniment, and give some simple remedy for the cough.

CHRONIC DIARRHŒA.

The *diarrhœa* case presented on the 22nd of September, (See p. 22,) was again brought before the class. The tongue is still coated, which is more favorable than if clean and glossy. The abdomen is retracted, but not sunken in, and gives a clear gaseous sound on percussion. There is an abundant eruption of sudamina, no pain, except at the lower portion. The discharges are not so frequent. He is excessively somnolent, from the opium, which he is taking in doses of half a grain every two hours. It has gradually been increased to this dose. This is a remedy with which we must be careful, as it is capable of doing much mischief, and especially when given to children. The blue mass, which he was taking, has been discontinued, as it did not act well. In the early stages, mercurials act well, but not always so in chronic cases, where ulceration is going on.

Nitrate of silver has been thought useful, but Dr. Gerhard does not think he has seen much benefit to flow from its use. When taken by the mouth, it acts exclusively on the stomach, coating it over with caustic, in combination with albumen, without any effect being produced at the seat of disease.

In the use of this article, physicians are much deceived. Injections of nitrate of silver act directly on the ulcerated surfaces, when within reach, and hence may prove serviceable. Dr. Gerhard occasionally uses it, but does not continue it long, unless its good effects are soon evinced. In this case, he directed the following injection:

R Argenti Nit. gr. ½ -
Tr. opii gtt. xx—xxx.
Aque f3 ij.

To be given once a day, and oftener if necessary.

TUBERCULOSIS WITH PARAPLEGIA.

Dr. Gerhard next presented a man with paraplegia; he walked with a dragging motion of the limbs, which has been the case for three months. There is no injury, or other cause for this, appearing. He has no bowel complaint, no spitting of blood, only an expectoration of a thick yellow matter.

He has phthisis. The loss of power may be from the development of tubercles in the spinal marrow, which is not at all probable in this instance; or it may be from organic disease of that portion of the frame; or from external pressure, as by the effusion of a liquid in the cavity of the vertebræ. Dr. Gerhard would ascribe it rather to a disease of the spinal marrow, because there is no evidence of effusion anywhere else, and again, the loss of power does not seem equal on both sides. The nature of this disease is not conclusive, but it is, probably, imperfect softening. He would prescribe for this alone at present: The patient will have blisters half an inch wide, and four or five inches long, placed on each side of the spinal column, at the junction of the dorsal and lumbar vertebræ.

RHEUMATISM.

A woman of a fleshy appearance, was presented, who has been laboring under acute rheumatism for the past two weeks. She was not bled, as there was not sufficient fever. She has a little cardiac disease. We can do her most good by inducing perspiration, and relieving the pain. These indications will both be answered by giving Dover's powder, of which she will take 5 grains three or four times a day, and also a purge, as Scudamore's mixture.

OCTOBER 2ND.

JEFFERSON COLLEGE HOSPITAL. SCROFULOUS ABSCESS OF KNEE-JOINT.

Dr. GROSS again presented the little girl with abscess of the knee-joint, which was opened and the limb straightened at the last session. The little patient was put under the influence of chloroform, the abscess re-opened and the limb again straightened.

CATARACT.

Dr. G. presented a very interesting case of *cataract* occurring quite suddenly in a young woman. She was unaware of it, until her sister noticed it; she had no pain, and had her sight perfectly six weeks ago. There was no assignable cause. Both lens and capsule were involved. The diagnosis is sufficiently easy; there is no positive difficulty, if a careful examination is made.—Opacity of the cornea is recognized by being superficial, while cataract is deep seated.

We may dilate the pupil by means of belladonna, etc., to examine the lens, and see how far it extends. When it is of a pearl-light color, it is most generally soft; if drab-colored, hard. If we find the lens larger than natural, it is generally soft; and as we have both these indications, we may consider this a soft cataract. She can discern light only, and on cloudy days and at twilight. The reason of this is because the pupil is then more dilated, and hence more rays can pass in. As she sees well with the right eye, and has sufficient sight for all purposes, the question arises whether it is best to operate. As the continuance of the cataract may have a deleterious effect on the other eye, an operation seems to be indicated: but he will, for the present, hold the case under advisement.

ARTIFICIAL HARE-LIP.

A little child was presented, with an artificial hare-lip, the result of a fall. A keloid tumor had formed in connection with the cicatrix, extending from near the lower eye-lid to the upper lip. It will be necessary to remove the whole of the cicatrix, and endeavor, by carefully approximating the edges, to improve the appearance. Having administered chloroform, the operation was performed, and when finished, presented a prospect of a neat union.

October 6th, this case appeared to be much improved, the cut edges uniting nicely.

Several other cases were presented, among which were two of *club-feet*, which were operated on, and one of *coxalgia*, which was treated by the application of the actual cautery.

PENNSYLVANIA HOSPITAL.

OCTOBER 6TH.

SERVICE OF DR. GERHARD.

AMENORRHOEA.

Dr. GERHARD presented a case of *amenorrhœa* in the person of a woman about thirty-three years of age. Patient has been complaining for two years—is pale, anæmic, and has palpitations of the heart. In these cases, particularly when of long continuance, we almost always find disorder of the heart. Now, disorders of this organ may be either functional or organic, and it is of importance to distinguish between them. A part that is

organically diseased, has some lesion of structure. In the case of the heart, there may be hypertrophy, or atrophy, or adhesions, or adventitious deposits, etc. Functional disorder involves no lesion of structure, but may depend on disease of another organ, or on constitutional disease. We will examine this case. There is slight hypertrophy of the heart, evinced by a fullness on the left side, over the region of the heart, by dullness of percussion, over a larger space than natural, and by certain auscultatory sounds. We have here a bellows sound, coincident with regurgitation through the mitral valve, and the rapid passage of blood through the aorta. In this case the affection of the heart is partly organic, and partly functional. The impulsion of the heart is different in organic and in functional disorders. In the former it is strong and decided, while in the latter it is quick and jerking. In this case the impulsion tells of hypertrophy. The functional disturbance is caused by the amenorrhœa under which the patient labors.

We will put this patient under a treatment calculated to cure the amenorrhœa under which she labors, when the functional disorder of the heart will disappear. We will have her use warm applications and mustard-poultices to the pelvic region, hot mustard foot-baths, allowing the hot steam to bathe the lower extremities by throwing a blanket over the bucket, and enveloping the lower portion of the body with it. We will also give her aloes, which is the best emenagogue that was ever invented; savine might also be used. For the functional disorder of the heart, valerian and assafoetida would be found useful; but, above all, diet and exercise are important. There is not too much hypertrophy here for moderate exercise. In recommending exercise to women, be sure and tell them to take *out-door* exercise. They will tell you that they have plenty of exercise, but you will find, on inquiry, that it is all in-door, over the wash-tub, or with the broom, or perhaps the needle. Out-door exercise must be enjoined in these cases.—You must bear in mind, too, that different persons require different amounts of exercise, and it should not be overdone. The average health of young persons in this country is not so good as it was forty or fifty years ago. This is attributable in great measure to the prevailing indolence of the habits of young people of both sexes. Our young ladies

play the piano, read sentimental novels and tales, and their needle-work is of a kind that gives them but little exercise. Food is also more inappropriate than it used to be, and is too hastily eaten. We will put this patient, therefore, on three grains of aloes every night, a wholesome diet, f3j of the fluid extract of valerian three times a day, and the warm applications, foot-baths, etc., before adverted to.

OBSTRUCTION OF THE BOWELS.

This patient, a man aged about forty-five, was brought from the surgical ward. You perceive that there is enormous distension of the abdomen. This may be caused by several circumstances, such as first, growth of internal diseased structure, as enlarged liver, cancer, etc.; or second, by ascites; or third, by accumulation of gas. Percussion shows tympany over the whole abdomen. There is no ascites, for there would be dullness on percussion, and fluctuation, especially over the lower portion of the abdomen. Tympanitis is not of itself a disease, but an effect of disease. The question is not, what exists at the moment, or, what is appreciable to the senses; but how far back can we trace the symptoms. Dropsy is not a disease, but a symptom of disease of the liver or heart.—Now, what is the origin of this tympany? In the other ward, one of the surgeons found a stricture of the bowel, but as it is not evident now, it could not have been of a permanent character. It is not a cancer. If it were, the patient would have a pale, almost straw-colored tint of countenance, and the blood would give evidence of alteration under the microscope. This patient has had this trouble since July, 1857. He was a porter in a store on Chestnut Street, and was in perfect health up to the time of this attack of sudden, griping pain, while he was engaged in packing some dry-goods, using considerable exertion. If the obstruction was caused by cancer, it would most likely have come on gradually. This is probably produced by some mechanical cause. These are various. Dr. G. witnessed in Paris a case of enormous distension of the abdomen, which proved fatal, and the post mortem examination revealed the fact that it was caused by an accumulation of cherry stones, etc., in the bowel.

We will endeavor to keep this patient's bowels in a soluble condition, by giving him ol. ricini f3ss three times a day, unless it

cause nausea, and we will combine with it $\frac{fj}{j}$ of the extract of ginger. We will also operate at the other extremity of the intestinal canal by giving injections of castor oil with oil of turpentine.

PARALYSIS FROM SUN-STROKE.

A case of paralysis, the result of sun-stroke, was brought before the class. It came on last June, suddenly, with dimness of sight and heaviness, while the patient was walking in the hot sun. He managed to get to his home, but it is sometimes much worse than this, and the patient loses consciousness altogether. This man has an unsteady gait, the muscles of the face appear slightly drawn to the right side, and the tongue, on protrusion, inclines the same way. In ordinary sun-stroke there is generally no permanent paralysis, but sometimes, as in this case, there is effusion in the brain, and paralysis follows. Primarily there is nervous prostration, and the organic difficulty when it is present, comes on afterwards. It is, therefore, absurd to bleed at first. It is bleeding the patient out of life. If bleeding is required, it must be after reaction has taken place. Not a patient was bled in this house during the past summer for sun-stroke.

We will order this man to have cold affusions to the head by means of a shower-bath, three times a day; to have dry cups applied to the back of the neck; and every two days, two cut cups. We will also give aloes as a laxative, three grains every night. Aloes is an excellent laxative, and causes a consistent fecal evacuation, but Dr. G. is doubtful whether it has any specific effect on the lower bowel. He mentioned the case of a gentleman under his care, who had effusion on the brain, and who was cured by the long continued use of aloes as a laxative, combined with cold affusions, cups, etc.

SERVICE OF DR. NORRIS.

FRACTURES OF THE HUMERUS.

Among the most common accidents with which you will meet, gentlemen, in your surgical career, are fractures of the bones, particularly of the long bones, and it is of great importance that they be properly treated, not only to the patient, but to your own reputations as surgeons. We will present to-day a series of cases of fracture of the humerus, beginning with the most simple.—The cases of fracture seen here are generally,

however, more severe than you will meet with in private practice.

1. This is a case of simple fracture of the humerus at its lower third. It was occasioned by the kick of a mule, and happened three weeks since. There was an external wound at the seat of injury, and it was at first feared that the fracture was a compound one, but the wound appeared to be superficial, and caused by the animal's shoe, and was treated in the most simple manner, and has given no trouble. You will notice that there is a considerable degree of firmness here. Union is taking place, callus is thrown out around the injured bone, and the process of cure is going on satisfactorily. There is slight motion yet, and it will be some three or four weeks before firm union takes place. If this man should be careless with his arm, should lay aside his splints, and attempt to use it as it is,—a thing patients are very apt to do if they are not watched,—he would be very sure to break up the union that is now so satisfactorily taking place, the callus would be absorbed, and he would soon be back here with a false joint. It is the common practice in treating fractures of the humerus, to apply a roller to the arm from the fingers to the shoulder, and return it upon four splints, one on each side of the humerus. The practice in this house is to use a single angular splint instead of the four splints above alluded to, though in oblique fractures it is sometimes necessary to apply a short splint to the outer portion of the arm to keep the bone in place. At each dressing, a splint of a different angle from the last should be used, to prevent ankylosis. The object of the first roller is to give support to the muscles, and prevent swelling, which would necessarily follow, if the fracture was dressed without taking this precaution. The angular splint extends from the axilla to the ends of the fingers. This, or any other apparatus applied in recent fractures, should at first be applied loosely, for fractures are sure to be followed by swelling, and if your apparatus is too tight, it will cause great pain and discomfort to the patient, if it do not give rise to more serious mischief by causing extensive inflammation and sloughing of the parts. He would recommend this apparatus in fractures of the lower portion of the humerus.

2. We have here a fracture of the humerus high up, at or near its surgical neck, complicated with luxation of the head downwards, and a flesh-wound at the inner part of the

arm, just beneath the axilla. This patient was knocked down by the tongue of a wagon, and brought immediately into the house.—The case was, therefore, readily made out before swelling of the parts occurred, and the luxation was reduced by the hand. In looking at this patient, it might be supposed that luxation still existed; there is flattening in front, and a prominence in the axilla.—But this is only apparent, as the elbow can be approximated to the side, which could not be done if luxation existed. The wound in this case is to be treated simply, and the excoriation you see near the elbow, caused by the bandage, should be washed at each dressing with whiskey. Sometimes, in cases of this kind, it is impossible to return the head of the bone, and necrosis takes place, and we are obliged to remove the arm by operation. In this kind of fracture, when there is inward projection of the upper end of the fractured bone, a pad should be applied in front here, to bring the bone to its proper place; but, unfortunately, we cannot do so in this case, on account of this wound, and we can only bind the arm to the body. The angular splint would be of no use in this case.

3. This was a case of fracture at the lower third, complicated by an injury to the elbow-joint and the formation of an abscess in consequence. The fracture is doing very well, though not yet firmly united. The bandage should be pretty firmly applied below the elbow, to prevent pus from burrowing among the muscles. The arm was secured to an angular splint. In cases of this kind, where a wound exists, it is necessary to dress it once or even twice a day, and in a house like this, and with such patients as we have, it is advisable to dress all fractures once a day, in order to avoid excoriations, &c.

4. A boy, three years old, with fracture of internal condyle. Union taking place—motion perfect. Necessity of watching these cases, as deformity is likely to result unless the parts are dressed frequently and passive motion is kept up. Apply the angular splint, and support the arm by means of a sling.

WESTERN CLINICAL INFIRMARY. SERVICE OF DR. TURNBULL.

(Reported by F. E. Bond, M.D. Res. Physician.)

DEAFNESS FROM ACCUMULATION OF CERUMEN, ETC., IN THE AUDITORY PASSAGES.

This is one of the most common forms of deafness, arising, as a general rule, from some

chronic inflammation and alteration of the ceruminous glands, situated within the auditory canal. The following is the course pursued by Dr. Turnbull in such cases: First, the ear is submitted to simple ocular inspection. In many cases it is only necessary to draw the auricle upwards and backwards, whilst the auditory passage is exposed to the light of the sun between the hours of 12 and 2 o'clock, but in other cases it is impossible to discover the mass of wax which is shining, perhaps, in a thin layer on the very surface of the membrana tympani, it requiring the speculum auris of various forms and sizes both as regards the tortuous form, and the great depth and angle at which this foreign body is placed. Cases have come to the Infirmary in which the physician had, after a simple examination of the ear, prescribed something to drop into it, without being able to see the condition of the parts at all, whereas, if the speculum had been used, the cause would readily have been discovered, and the patient saved much distress and discomfort.

April 17th, 1858—First Case. Maria Cunningham, aged five years; deafness with an uneasy feeling in left ear, caused by catarrhal inflammation with accumulation of cerumen. Directed warm olive oil into the ear for two or three nights, and the ear carefully syringed in the morning, by the resident Physician.

21st.—The ear has been syringed, and now the curette is introduced, and wax which is very adherent is broken up and removed.—As the skin of the walls is red and abraded, 3 leeches are directed behind the ear, and a wash of plumbi acetat. gr. v to f3j. of water, to be dropped into the ear every day until all pain is gone.

April 24th.—On examination by speculum auris, we find that all the wax has been removed, and the inflammation is almost gone; hearing much improved. Discharged.

Aug. 21st, 1858.—Rebecca Dempsey, aged 40 years, has suffered from deafness with pain and tinnitus aurium for several months, she thinks it was the result of sleeping opposite an open window. On careful ocular inspection of the ears, nothing definite could be seen, but by the use of Wild's speculum auris, the right ear was found filled up with a brownish mass of soft wax, not adhering to the membrana tympani, except in the middle, as if it had become somewhat loose on its edges. By introducing a curette all round it, elevating it gradually, the whole mass came out, which, after the lapse of almost a month,

weighed 5 grains. Besides cerumen, it consisted of epidermic desquamation and hairs. As soon as it was removed, the patient found that her hearing was improved.

August 25th—Hearing still improving.—On examination, found a small dark portion not removed. Directed oil to be dropped into the ear, and the resident to syringe the ear.

August 29th—Not so well to-day. Has pain, with some swelling. On examination, slight fullness and inflammation, from the use of the syringe. Directed cantharidal collodion back of ear, and purgation.

Sep. 8th—Pain still continued, but is not so severe, swelling all gone, pain more neuralgic in character. Continued blister, and directed ferri. carb. precip. 3 grs. three times a day. Patient did not return.

Dr. Turnbull remarked that this case shows that syringing should not be persisted in too frequently, especially if the ear is tender, as you may in this way cause an abscess to form, but some warm sweet oil should be dropped into the ear at bed-time, and the syringing repeated in a few days, when all the excitement and congestion has disappeared. In some cases you have an exfoliation of epidermis, or epithelium from the membrana tympani in numerous layers, which being tinged brown, will, in some cases, give the impression to the eye of brown wax, deep in the passage, and time should be given it to be thrown off, and then it can be removed.

CASE OF PERFORATION OF THE MEMBRANA TYMPANI.

Elizabeth McLaughlin, aged eleven years, presented herself at the Infirmary May 19, 1858, complaining of deafness. Her face presented that dull, expressionless stamp so characteristic of the deaf. Upon examination, the membrana tympani of right ear was found to be perforated by a V shaped opening, about one-third its size. There was no discharge. Her general health was good. Throat slightly inflamed, and both tonsils and right cervical glands were enlarged. External meatus normal. Her mother stated that, nine years since, the girl took a heavy cold and that the ear began to discharge. It has been since then that she began to observe the growing deafness.

The treatment consisted of an application with a fine camel's hair brush, of

R—Argent. nit. gr. iv.
Aq. distillat. f ʒj.

June 22d—Improvement was very evident. Treatment continued. Hears very slight noises.

Medical Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.

SEPTEMBER, 1858.

ON PLACENTA PRÆVIA.

(Continued from page 38.)

The following is the discussion on Dr. Atlee's paper on *Placenta Prævia*, as published in our last:

Dr. HARRIS had heard with great pleasure the remarks just made by Dr. ATLEE. This is a thing which rarely occurs, and many physicians of large practice have never seen a case. He had been engaged twenty-five years in a very large practice, without seeing one. Then he met with one, where the placenta was detached on one side, the head came down, and all went on well. Dr. Benedict, his son-in-law, had met with three cases in as many weeks. The first was speedily relieved with perfect safety to both mother and child. In the second case, Dr. Meigs and he (Dr. H.) were called in consultation. Dr. Meigs arrived first, and then Dr. H., and the former was engaged in preparations to turn, which he did, and delivered the child promptly, but it was dead, and the mother nearly so. He obtained the husband's permission to transfuse blood from his veins to his wife's; but while the blood was pouring from one to the other, the woman died. The third case he saw with Dr. B., and the patient was nearly dead. The os was dilated, and the placenta very perceptible; he pushed it aside, brought the feet down, and delivered it by thus turning. The woman was much exhausted; stimulants were administered; she revived, and remained so for about two hours, but then died. The next case he had seen, was in West Philadelphia, in consultation with a physician. The os was dilated, and the hemorrhage profuse. It had been recommended by a German, (Wiegand,) to introduce a long tampon, say two or three yards long, pushing it in gradually till the vagina was perfectly plugged. This was resorted to in this case, and allowed to remain. The labor went on rapidly; the tampon was gradually removed as the child came down, with its head filling the

os externum; it was delivered, and both mother and child did well. These were the only two cases he had seen in his own practice.

Dr. S. JACKSON, formerly of Northumberland, had attended many cases in midwifery,—about 2200,—and had never seen but one case of placenta prævia, either in his own practice or that of others. This occurred in 1828, and he had seen none since. This he watched several days; but as it was so long ago, he did not remember the particulars. Labor came on, and the placenta and head came away together. All went on as in an ordinary case. Both mother and child did well. He thought it wonderful, how such cases accumulated in practice, or in books at any rate. The elder Rigby published a book, in which he makes a division of labors into those in which we have unavoidable hemorrhage, as in placenta prævia, and those which occur when the placenta is not thus attached, or which are cases of accidental hemorrhage. In the latter cases, he believed that almost always, if not always, the labor would be finished with perfect safety to both mother and child, if left to nature's efforts. If it be placenta prævia, the delivery should be effected as soon as possible. Rigby afterwards saw many such cases, and published them in detail, which was a very singular fact. He (Dr. J.) considered this one of the impudent wonders in medicine.

Dr. CARSON thought this a very interesting subject, not on account of his own extended experience, but perhaps from his anxiety on the score of encountering such a case.—Hence it had been of importance to him to determine what plan would secure the greatest probability of success. We all know from our instructors and the books, the two modes of practice which have been heretofore relied upon—the *tampon* and *turning*. The first was equivalent to leaving the delivery to nature. The second required artificial means. The profession was much distracted on this point. The teachers, both at home and abroad, each advocated their own views or plan. Professor Simpson, of Edinburgh, introduced the plan of removing the placenta. With regard to the tampon, he could say he had for it a predilection, because it seems to be the most positive method of suppressing the hemorrhage, and hence it is most useful. It is the loss of blood which destroys life, and therefore, the preservation of the blood is important. An ounce might be the turning-point in the safety of the pæ-

tient. Wiegand's method in his experience, had proved a good one. He had heard Professor Hodge say that he had but little trouble since this plan had been published. This being by the old-fashioned tampon, we are enabled to examine into the state of affairs from time to time. His (Dr. Carson's) views were biased by those of Dr. H. He had several years ago, a case in consultation, in the hands of a gentleman, who advocated turning. At an early period, the tampon, according to Wiegand, was applied, and when removed, to examine with his hand the parts, he was struck with the fact of the peculiar character and form of a clot which came away. It was wedge-shaped, hard, as if much compressed, and had evidently served as a wedge in the parts, and plugged up the opening. Turning was resorted to afterwards, and the woman died from the loss of blood which she sustained. Now, if the pressure had been maintained, and labor been permitted to take its course, he believed the probabilities would have been in her favor.

The first time he ever heard of separating the placenta in placenta prævia, with a view of suppressing the hemorrhage, was from Dr. Ruschenberger, about the year 1835, who stated that he had seen a case, and finding the placenta immediately over the os, which was dilated, he passed his finger around it, and let it come away. The hemorrhage ceased, and the child was born alive.

Whether Dr. Ruschenberger derived his method from Kinderwood, or whether it originated with himself, Dr. Carson was unable to say.

Dr. REMINGTON thought the grand point in such instances was to obtain a truce, to arrest the hemorrhage till the os dilated, and all would be safe. He believed much time was often lost in the early stages. He had seen two cases which were fatal to both mother and child, where it appeared to him that the proper treatment was not employed in the commencement. Every time a pain occurred, a gush of blood followed. Altogether, he had seen about six cases, four of which were his own, and the others in the hands of his friends. In one, the woman perished, in his estimation, from neglect of using the proper means. No examination was had after death. Sugar of lead and opium only were given. Another was fatal from a similar cause. In this he was called in consultation, in order to turn; he had his doubts of the propriety of turning,

as she was evidently dying. The parts were dilatable, however, and he turned, and death ensued immediately. In his own cases, he used the tampon, and waited for pains and the dilatation of the parts. The labor went on regularly, and the child was delivered safely, and both were left in good condition. The first six or eight hours are the most important, and the only time when a physician can be available.

Dr. JACKSON, while in Northumberland, had many cases of labor, not only from his immediate neighborhood, but many who came from some distance to place themselves under his care, and also must have known of all the fatal cases for a great many miles around, and yet he did not recollect more than one that died of hemorrhage. This case lived three miles in the country, and was dead when he arrived, having passed an immense quantity of blood.

Dr. CARSON said that Dr. Trask had published in the "Transactions of the American Medical Association" some elaborate statistics of such cases.

Dr. H. HARTSHORNE said that Dr. Radcliffe had published some statistics in the *Amer. Jour. of Medical Sciences*, where the tampon principally had been employed.

Dr. CARSON was in doubt whether the tampon would promote hemorrhage in the uterus itself. He could not understand its possibility, as the uterus was filled with an ovum, and hence there was no room for extensive internal hemorrhage while it was intact.

Dr. ATLEE remarked that he had mentioned a case in which there had been found large quantities of blood in the uterus, after the child and tampon had been removed. How was this? There was maintained firm compression on the abdomen, yet this clot was present. Ergot had also been given in this case, when the uterus contracted and expelled this clot. There did not appear to be atony of the uterus. He would not pretend to explain it. He did not think it likely to occur when the tampon was present; yet when and how was this clot formed? It must have been at the time when the placenta was being thrown off; there was no other period to be conceived of. He did not use one sponge, but a number of sponges, of small size, introduced one by one, which was equivalent to Wiegand's tampon; and it was equally possible to examine the parts, and probably more so, by the employment of this

than any other material. The sponges were peculiarly adapted, by being porous, to catch the blood and form coagula. They also can be loaded with styptics, as tannic acid, etc. It may require from ten to fifteen of them, which we may remove one by one, and pass the fingers between them and the parietes of the vagina, to ascertain the exact condition of the os uteri. He made these remarks for fear he had been misunderstood. Long before 1835, Mr. Kinderwood introduced the method mentioned, of separating the placenta entire, and had seventeen cases, without any days by this plan. It appears that in certain cases, nothing can be substituted for this separation of the placenta. In overwhelming hemorrhages, when the os is not dilated, and not dilatable, in order that turning or the forceps may be had recourse to, the woman being in a dying condition, he considered the separation of the placenta the only chance for safety. The tampon may be used, and, in spite of it, we may have hemorrhage.

In other cases we may have the os dilated, and easy to be entered by the hand, but the woman is exhausted, and turning itself will cause her death. In such cases, separation of the placenta at once arrests the hemorrhage, and time is allowed for nature to deliver, after bringing up her strength. Ergot may then be given, or the forceps employed, if necessary. But though he believed it the only plan in some cases, yet in others it must not be employed. If the os is dilated, and the patient has strength, then the separation of one side of the placenta, making it a partial presentation, rupture the membranes without turning, and compress with the hand the loose placenta against the parts of the mother; then give ergot, apply external compression, and delivery will be effected safely for both. Again, if this does not succeed, the hand may be passed up, and turning be performed. In exhausting hemorrhages, turning ought not to be resorted to, or at least, we should not prefer turning.

Another matter concerning the tampon: When we have placenta prævia, and parturition threatens at an early period, say the seventh month, as we know that the nearer we come to the full term, the more likely is the child to be *viable*, our object would be, not to produce parturient pains, if we can help it. Yet this may be produced by the tampon, and thus we may bring on labor when the child is not *viable*. Statistics show that the mother, also, is safer the nearer she

comes to her full term, and this is another reason for care. Though we are not to consider the life of the child, but resort to the tampon, when the case is one of dire necessity.

Dr. CARSON had not misunderstood Dr. Atlee. The question arises in the preference of these tampons—to which can we trust most? He thought the sponge was liable to enlarge the parts, in the manner so well known to surgeons in the treatment of fistula and other diseases.

Dr. JACKSON thought the sponge would fill the vagina better than any thing else.—He had been in the practice of using it altogether, in cases where abortion threatened in the early stages of pregnancy, in preference to any other, and he was glad to hear Dr. Atlee commend it. He differed from him on the point of compressing the abdomen. He questioned if it can prevent internal hemorrhage. It was not an easy matter to compress the uterus sufficiently to prevent internal hemorrhage.

Dr. ATLEE had not a doubt of its efficacy, also, in aiding the delivery of the child. He always had recourse to it when he employed the forceps. It aids the abdominal muscles, and the uterus itself. Hence it is useful, as the uterus is exhausted by the hemorrhage, etc. In the delivery both of the placenta and child, it was his habit to have the nurse compress the abdomen with her hand, till the binder had been adjusted, and then he would not be likely to have subsequent hemorrhage.

Dr. JACKSON thought it had no effect in placenta prævia, before delivery, but he agreed with Dr. Atlee otherwise.

Adjourned.

Reviews & Book Notices.

LECTURES ON THE PRINCIPLES AND PRACTICE OF PHYSIC; delivered at King's College, London, by Thomas Watson, M. D., etc., etc. A new American, from the last revised and enlarged English edition. With additions by D. Francis Condie, M. D.; etc., etc. With 185 illustrations on wood. Pp. 1224. Philadelphia: Blanchard & Lea, 1858. Price, \$4.25.

The above work has been long and favorably known to the profession, and this new edition, which has been for some time inquired for, will, we doubt not, be received with great favor. The work has undergone a thorough revision at the hands of the author, bringing it fully up to the present state of pathology and therapeutics.—Much new matter has been added, and a new feature in this edition is, the introduction of illustrations of pathological appearances of organs,—which, though they may not take the place of demonstrations from the subject, answers a very useful purpose in the absence of such demonstration. The extent of the additions to the work may be judged of by the fact that, in addition to a very considerable enlargement in the size of the page, there has been an increase of about 200 pages.

Dr. Watson has the happy faculty of representing the "dry details" of the practice of medicine, in a manner that at once engages the attention of the reader, and fastens his mind upon the subject before him. It augurs well for the progress of medical science that it has two such expounders as Dr. Watson, and our own Dr. Wood,—the one colloquial in style, interesting, yet practical in matter, and sufficiently diffuse to avoid being tiresome; the other, learned, concise, exhaustive of his subject, and challenging the attention of the reader more by these qualities than by those which render the former so attractive to most readers. That both are fully appreciated by the profession, is evidenced by the fact that, while Dr. Watson's work is a text book in most of the medical schools of our country, Dr. Wood's is so used by the schools of Great Britain.

Our readers would greatly add to the value of their libraries by obtaining this new edition of Dr. Watson's lectures.

A SYSTEM OF HUMAN ANATOMY, GENERAL AND SPECIAL. By Erasmus Wilson, F. R. S., author of "The Dissector's Manual," "A Treatise on Diseases of the Skin," etc., etc. A new and improved American, from an enlarged London edition. Edited by Wm. H. Gobrecht, M. D., Prof. of Anatomy in the Philadelphia College of Medicine, etc., etc. With 397 illustrations on wood. Pp. 616. Philadelphia: Blanchard & Lea, 1858. Price, \$3.00.

This work of Dr. Wilson, perfected as it has been by frequent revisions under the author's own hand, has become one of the most popular works on Anatomy in the English language. The publishers inform us that this edition contains fully one fourth more matter than the previous edition. Dr. Gobrecht has made many important and useful additions.

Our readers cannot do without a work on Anatomy, and in making their purchases this is worthy of their attention, both for the value of its material, and the excellence of the work of the publishers.

LECTURES ON THE DISEASES OF WOMEN. By Chas. West, M. D., Physician-accoucheur to St. Bartholomew's Hospital; Examiner in Midwifery, etc., etc. Part II.—Diseases of the Ovaries, Vagina, Bladder, and External Organs. (With Part I.) Pp. 500.

The first part of this work was noticed some months since. We are glad to see that it is complete. The opinions of Dr. West on any subject connected with diseases of women or children, are entitled to great consideration, and we doubt not the profession will give this new and important work a hearty reception.

Of this part of the work, two lectures are devoted to Inflammation of the Uterine Appendages, and of the Pelvic Cellular Tissue, etc.; one to Inflammation of the Ovaries themselves, etc.; six to Ovarian Tumors and Dropsy; one to Diseases of the Female Bladder; one to the Diseases of the Urethra and Vagina, and one to Diseases of the External Organs of Generation.

We are glad to see that Dr. West does full justice to the labors of our townsman, Dr. W. L. Atlee, in the collection of statistics of the operation of ovariectomy, and in respect to his own operations. (It is to be regretted that the American publishers, who are familiar with Dr. Atlee and his publications, have perpetuated what we suppose to be an English error, in publishing Dr. Atlee's name as Dr. W. T. Atlee.)


Dr. West's work is well worthy a place in the library of the physician. We perceive that in the second part, a title page, and a full index, are published for *both* parts, with the view of having them bound into one volume.

HINTS TO CRANIOPHORES, UPON THE IMPORTANCE AND FEASIBILITY OF ESTABLISHING SOME UNIFORM SYSTEM BY WHICH THE COLLECTION AND PROMULGATION OF CRANIOLOGICAL STATISTICS, AND THE EXCHANGE OF DUPLICATE CRANIA MAY BE PROMOTED. By J. Aitken Meigs, M. D., Prof. of the Institutes of Medicine in the Philadelphia College of Medicine, &c., &c. Philadelphia, 1858. From the Author.

The title of this pamphlet sufficiently explains its object, etc., therefore, we cannot do better than to quote its concluding paragraph:

"All societies, colleges and individuals in this country, owning human cranial collections, and under whose notice this communication may fall, are respectfully requested to notify the undersigned of the existence of such collections, the whole number of skulls they contain, the races and tribes of men represented, and the number of skulls appertaining to each race; and to print descriptions, or if this cannot be done, simple catalogues of the same, and distribute them to all craniologists and scientific associations."

Dr. MEIGS may be addressed at the Academy of Natural Science, N. W. corner of Broad and George Streets, Philadelphia.

 LINDSAY & BLAKISTON have issued their Visiting List for 1859. The work is too well known to the profession to need any thing more than a mere mention of the fact.

Editorial.

In inaugurating an essentially new enterprise, it is necessary that occasional reference be made to business affairs. This we shall avoid as much as possible, and when it must be done, shall do it as briefly as may be. We feel very much encouraged at the manner in which our enterprise is received by our professional brethren, and grateful for the interest in its success that prompts many of our correspondents to make friendly suggestions. We shall always receive these in the spirit in which they are given, and endeavor to profit by them. We have begun our enterprise under some decided disadvantages, and feel mortified that, with our well known abomination of "whitey brown paper," in Medical Journals, we find it necessary to apologize for having appeared in a dress of that uninviting hue. But we found it difficult to get a paper of the size necessary for the dimensions of the REPORTER. Our choice was between a quality that we could not possibly afford to print on, and that which we have thus far used, and it was our judgment to begin with a poorer quality and change to a better, as soon as it could be manufactured, rather than begin with superfine and fall back on a poorer article. We shall use a paper of medium quality with "body" enough to show the print to advantage, yet not too high priced for our means. At the low subscription price of \$3.00 per annum, it is impossible to use the best quality of paper. However, those of our readers who have the opportunity of comparing our two numbers already issued, with the foreign weeklies, will see that they do not compare unfavorably with them, while they are published at nearly three times our subscription price, and have an advertising patronage to the extent of from six to sixteen pages. Put us on such a footing, and see what we will do!

Some of our correspondents suggest that we ought to charge five rather than three

dollars a year. We can only say in reply to that suggestion, that we doubt whether the profession are ready to pay \$5.00 for a weekly journal yet, and that we have not the capital to go into so extensive an enterprise. Our readers must remember that our enterprise is an *individual one*. We have no publishing or college interest, nor a long purse to back us. Our capital lies in the pockets of the profession in the cities and hamlets of the Union, and when that is secured, we shall need no prompting in regard to improvements in our publication. They will be instituted *pari passu* with the support we receive.

There is nothing to hinder our giving double the amount of matter contained in this number, and adding indefinitely to its value, provided we receive proper encouragement. We must look to the profession to *work for us*, and we can assure them that in so doing, they will work for themselves.— We shall try and not betray our trust.

THE SESSIONS COMMENCED.

The several medical colleges of this city began their winter courses of lectures this week to large classes of intelligent-looking and earnest students of medicine. We have been very much pleased with the appearance of the gentlemen who compose the classes of the medical schools this winter, and trust that next spring will witness the conferring of the diploma on the best class of graduates that ever went out of Philadelphia.

CORRECTIONS.

We inadvertently announced the Examinations of Drs. TUTT and WELLS, as being in connection with the Jefferson School. We should have said the University.

We also must correct an error in Dr. BRINTON's course. His Fee is \$25, not \$30, as given in our first number.

Correspondence.

SPEIR'S TURNOUT P. O.,
Jefferson Co., Georgia,
October 8, 1858.

MESSRS. EDITORS:—

Some body, (perhaps yourselves,) has sent me the September number of your MEDICAL AND SURGICAL REPORTER. I wish to thank most heartily the sender. I thank you for calling the attention of your readers to my article, in the *Atlanta Med. and Surg. Journal*, on *Asclep. Incarn. for Gonorrhœa and Syphilis*. I beg you to correct, in your next issue, the recipe as I find it in your excellent monthly. You have it,

R—*Asclep. incarn.* ℥iv.
Diluted alcohol, ℥ij.

The alcohol part of it is wrong; it ought to read 2 pints, instead of 2 scruples. True, one would suppose that almost any intelligent reader would make the correction for himself, readily seeing that an O, abbreviation for pint, must have been intended instead of the scruple mark.

Moreover, you do me too much honor in your condensation of my article. You speak of it as "a new remedy for syphilis and gonorrhœa," whereas, if you will look into "Wood & Bache's U. S. Dispensatory, 9th edition, article *Asclepias Incarnata*," you will see that Dr. Tully, of New Haven, has used it in the same class of diseases. That the *asclep. incarn.* is a most valuable remedy in these cases, I know from several years experience with it. I lay no claim to priority of discovery. I feel ambitious enough to desire professional honors in any quantity; but, thank God, I am not mean enough to pluck a single leaf from the chaplet that ought to cincture the brow of another. "Render to all their dues," is the teaching of that Holy Book by which I wish to be guided.—All I claim is, the honor of directing the attention of the Profession to a most valuable article of the *Materia Medica*, hitherto neglected, and but little known.

Will you do me the honor to insert this note in your next issue, that all of us may be set right? Very Respectfully,

WM. HAUSER, M. D.

I shall feel grateful if you send me your JOURNAL containing the above correction. I hope we shall henceforth cease to be strangers to each other.

Periscope.

CREASOTE IN PARONYCHIA.

The *Boston Medical and Surgical Journal* says: "Dr. E. Sanborn, of Andover, in a note to us, recommends with great confidence the application of a single drop of creasote to that form of paronychia consisting of ulceration about the root of the nail, accompanied with purulent secretion, and sometimes ending in destruction of the matrix. He states that the disease often occurs in the hoofs of sheep, much to the disadvantage of wool-growers."

PURGATIVE IN GOUT.

The *Virg. Med. and Surg. Journal* gives the following from the *Bulletin de Therap.*:—"M. Belli states that, for a great number of years, he has administered the following purgative to gouty subjects with great success: R Magnes. Sulph. ℥viiij, ad 3x; potas. nitrat. ℥j; ferri sulph. gr. jss; aquæ f℥xxiv. This is divided into four doses, one being taken every half hour until sufficient effect is produced. The purgative is repeated every fortnight, and as soon as any gouty symptoms manifest themselves. It is given three days in succession, except in enfeebled subjects. M. Belli employs, with excellent effect, wild chicory juice, or a syrup made from the root, given every morning fasting."

QUINIA IN PNEUMONIA.

Dr. O. C. Gibbs, of Frewsburg, Chatauque Co., N. Y., in the *Cincinnati Lancet and Observer*, strongly recommends this treatment, having not lost a case out of thirty treated thus, bleeding not having been employed. He claims that the quinia lessens the frequency of the pulse, promotes perspiration, and loosens the cough. He gives it in the dose of two to three grains with five grains of Dover's powder every two or three hours.

TREATMENT OF ANIMAL POISONING.

In the *Virginia Med. & Surg. Journal*, Dr. A. S. Payne, of Paris, Fauquier Co., Va., gives his conclusions on the treatment of animal poisons, as follows:

"1st. That hartshorne is the natural remedy or antidote for the cure of all bites of poisonous reptiles or stings of insects which exert a rapid and depressing influence upon the heart's action.

"2nd. Second to the hartshorne, in remedial virtues, stands an etherealized solution of iodine.

"3rd. The biniodide of mercury has proven itself next most valuable.

"4th. Various plants indigenous to the United States."

He gives 60 to 100 grains of ammonia in an ounce of water, every 15 minutes, till re-action takes place, and applies spirits of hartshorne, olive oil, each one part, laudanum $\frac{1}{4}$ part, to the bite. If stimulants have been previously taken, gives the ammonia in vinegar, and it sobers him at once.—He considers the virus of snakes and that of dogs to be opposite,—one acid, the other alkaline,—and that the only cure for *rabies canina* is the hydrocyanic acid.

THE THERAPEUTICAL ACTION OF PERCHLORIDE OF IRON IN ACUTE AND CHRONIC DISEASES OF THE URETHRA.

From the researches of Dr. Barudel, (*Bul. generale de Therap. from Gazette Hebdomadaire, June 11, 1858.*) it appears that the perchloride of iron, besides its hæmostatic effects, for which it has so often been employed, possesses as an internal remedy, a sedative effect most manifest in the general circulation. In thirty patients subjected to this treatment, the pulse, which beat from 70 to 80 times per minute, was reduced towards the twelfth or thirteenth day of the treatment to 60, or even 5; the remedy produced neither cramps, or pain of the stomach, nor colic or constipation.

In urethritis, chronic or acute, M. Barudel has obtained remarkable results with the remedy.—In the acute form, he resorted three times a day to the following injection:

Iodide of lead, 10 grammes, suspended in
Distilled water, 100 gram.

while he administered at the same time, the following mixture internally:

R Distilled water, 60 grammes,
Perchloride of iron, 20 drops,
Simple syrup, 15 grammes,

Repeated every two hours, and continued for ten days. In the chronic form, the internal treatment is exactly the same; the injection with iodide of lead is replaced by

R Perchloride of iron, 25 drops,
Distilled water, 100 grammes.

Three injections to be made per day, and care to be taken to retain the liquid in the canal for ten minutes. If there is considerable, or long-continued pain, following this injection, it should be followed by two or three injections of cold water, and only be resorted to every other day. No untoward accident ever followed this treat-

ment. Towards the fifteenth day a cure was generally effected. With this treatment, Dr. B. conjoins a strengthening diet and cooling drinks, such as milk and flaxseed tea with nitre.

In the number of July 2nd of the same Journal, Dr. Pize, of Montelimart, claims to have first called the attention of the profession to this action of the perchloride of iron upon the pulse, in the *Moniteur des Hopitaux*, February, 1857.—He fully corroborates the statements of Dr. Barudel and recommends the remedy strongly in purpura hemorrhagica. (Ch. F.J.L.)

LACTIN IN PULV. IPECAC ET OPII.

It is recommended in the *Penin. and Ind. Med. Jour.*, to replace the Sulphate of Potassa by Lactin, or sugar of milk; it should be in crystals; trituration should be long continued, and then the whole passed through a fine sieve.

The bland preparation of lactini renders the preparation more acceptable to children.

EMULSION OF COD LIVER OIL.

The same journal gives the following as a mode of disguising the odor and taste of cod-liver oil.

R Carb. potash 3j.
Water f3ijss.
Cod liver oil f3iv.
Saturated solution com. salt f3ss.
Essence of cloves f3j.

Rub the carb. of potassa with a little water, add the oil, and rub well together; then add, gradually, the rest of the water, solution of salt, and finally the essence.

NEW HÆMOSTATIC.

The *Boston Med. and Surg. Jour.*, says:

"After prolonged experience, M. Lami, strongly recommends the following hæmostatic:

R Decoct. rhataniz 300 parts.
Alum 60 parts.

If given internally, 70 parts of syrup are to be added. Internally, 10 drachms may be taken three times daily; while for external use, it may be employed as an injection or lotion."

OBSTINATE INTERMITTENTS.

In the *Atlanta Med. & Surg. Jour.*, Dr. J. R. Cushing, of South Butler, Ala., gives as an infallible remedy, the following in obstinate intermittents:

R Quiniaz sulph. 3ij.
Liq. potas. arsenit. f3ss.
Pulv. ferri. 3ss.
Aq. camph. f3viiij.

Dose, a tea-spoonful 3 times a day in a half a tumbler of warm water.

HOW THEY DEAL WITH PLAGIARISM IN FRANCE.

We translate the following from the transactions of the *Societe Anatomique* as it is published in the *Gazette Hebdomadaire*, July 23rd, 1858:

"Extract from the Minutes of the Meeting of July 9th, 1858.—Mons. Jose Prô had, on the 14th of November, 1856, presented to the *Societe Anatomique* his inaugural dissertation on the stricture of the urethra, and requesting, in his capacity as Professor of Operative Medicine in the Faculty of Lima, the privileges of article 38 of the regulations, he had the honor to be named in public meeting an honorary member of the Society.

"The Society afterwards learned that M. Prô had been accused of having copied literally the most elaborate part of his essay from the work of Thompson, which he gives, however, as the result of his own original researches.

"A commission, consisting of Messrs. Tarnier, Siredey and Verneuil, were appointed to examine the documents, to wit, in the first place, the dissertation of M. Prô; and secondly, the *Treatise on Strictures of the Urethra* by Dr. Henry Thompson (a work which had obtained the Jacksonian prize in 1852). The Commission could easily convince themselves of the truth of the accusation, and M. Verneuil, the Reporter, had shown to the Committee, brought together for the purpose, whole pages of the English author copied, word for word, by M. Prô.

"The plagiarism exists, then, in the most flagrant manner, and, in order to brand an act, so dishonest, as it deserves, the commission, together with the whole committee, propose, through their chairman, one resolution, to wit: That M. Prô be declared to have forfeited his title as Honorary member of the *Societe Anatomique*, and be declared unworthy of carrying it hereafter.

"A member observed, (tout comme chez nous! L.) that before decisive action taking, it might, perhaps, be proper to write to M. Prô, to give him warning to explain; but it was objected to this, that no explanation whatever could be admitted in the presence of the printed documents placed before the eyes of the society, and from which the plagiarism was flagrantly apparent. The motion was not entertained, and the society proceeded at once to vote by secret ballot, on the resolution offered in the name of the commission and the committee.

The result of the vote was, that M. Prô was unanimously expelled from the society.

On motion, the following resolution was then adopted:

"That the preceding minutes be published in the *Gazette Hebdomadaire*, the official organ of the society, with the request to all Medical Journals, French and Foreign, to be kind enough to republish it; and that it also, through the Secretary, be officially brought to the cognizance of the Medical Faculty at Lima." T. GALLARD, Sec'y.

Having thus given the desired publicity, we cannot but recommend the action of the *Societe Anatomique* to the serious consideration of the profession here, where we submit to things far worse and detrimental to the interests of the profession than literary plagiarism,—where we even submit to open violations of our code and

quackery, without making an attempt to purge ourselves. Would the profession of our land take the "high ground" manifest in this act of our French confreres, our profession would soon have seen its last days of desecration and degeneration. *Vive la Societe Anatomique!* (Ch. F. J. L.)

Medical News.

MARRIAGES.

BARTON—PASCHALL—September 27th, at St. James' Church, Philadelphia, by the Rev. Dr. Morton, Thomas H. Paschall to Adeline Barton, daughter of the late Dr. W. P. C. Barton, U. S. N., deceased.

GILMAN—LUDLAM—In New York, on Tuesday, October 5th, by the Rev. Prof. Henry, James Ludlam, Esq., to Susan H., daughter of C. R. Gilman, M.D., of New York.

TURNER—MATHER—On the 6th of October, at Hartford, by the Rev. E. Beadle, Dr. Charles P. Turner, of Philadelphia, to Julia Francis P., daughter of Roland Mather, Esq., of Hartford.

FROTHINGHAM—PHINNEY—At Scranton, on Wednesday, September 29th, by the Rev. John Long, Dr. William Frothingham to Miss Margaret H. Phinney.

DEATHS.

EATON—In this city, on Wednesday morning, 13th inst., Dr. Rollin Eaton, formerly of Vermont, and brother of the late Governor Eaton, of that State.

EVANS—At Covington, Kentucky, September 12th, Asbury Evans, M.D., formerly Professor of Surgery in the Medical College of Ohio.

TOWNSEND.—On the morning of the 3d inst., at his residence in Locust street, Dr. Elisha Townsend, an eminent and widely known dentist of this city.

NEW YORK STATE INEBRIATE ASYLUM.

The foundation of this institution was laid at Binghamton, N. Y. on Friday, Sept. 24th. The Asylum owes its existence mainly to the humane exertions of Dr. J. Edward Turner, who, since 1853, has devoted his time and means, without fee or reward, to the work of arousing and fixing the public attention upon this theme.

The Asylum is situated on an elevated site, near the confluence of the Susquehanna and Chenango rivers, in the town of Binghamton, and the building is to be 365 feet long. About \$50,000 have been subscribed towards it, and the town of Binghamton has devoted 250 acres of land for the site. It is expected that the New York Legislature, at its next session, will appropriate \$50,000 to the Asylum, or allow it half the income of the License tax. The venerable Dr. FRANCIS, of New York, was present, and made an address at the laying of the corner-stone.

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MEDICAL AND SURGICAL REPORTER ADVERTISER.

C A R D.

TO THE READERS OF THE REPORTER:—By violations and suppressions of undoubted truth, the late Ethnological discussion is closed against us in the pages of the REPORTER, which may account for our present and future silence on this subject in its pages; but this silence shall be more fully explained whenever the *Review* mentioned below may be published.

W. S. FORWOOD, C. F. J. LEHLBACH,
T. C. ROGERS, A. DENNY.

Preparing for the press, an Incidental Review of the Ethnological Discussion lately had in the MEDICAL AND SURGICAL REPORTER, Philadelphia; together with some suppressed papers; or Essays on INTUITION as to "the important principles involved" in every investigation: being an orderly announcement of "UNDOUBTED TRUTH." Vol. I. 8vo., pp. 300 to 600. Composed, revised, and approved by Theological, Medical, and other gentlemen, of various sects, and of no sect. So planned as to conveniently admit of enlargements and other improvements from the pens of readers, and prompt communication of every such improvement to every owner of the work. All persons wishing any particular announcements of this kind to be printed in this edition, will please communicate as soon as convenient. All persons wishing a peaceful and otherwise orderly promulgation and observance of undoubted truth, are respectfully invited to co-operate on any terms which may best suit themselves, and to call the attention of Editors, and other personal friends, to this advertisement. This work is thus open to all those who really do not "intend to offer, receive, or tolerate, by any means, any thing which is undoubtedly contrary to any one undoubted truth;" and it is at present designed, that, mutually extending to other subjects, this method—viz: undivided attention to Demonstration—the work shall be issued periodically, and enlarged indefinitely. Vol. I. will probably be issued on or before October, 1859. Every subscriber to the REPORTER for 1857 or 1858, who requests it, may receive a copy gratis. Every new subscriber will be expected to remit, when the work is printed, from $\frac{1}{2}$ to $\frac{3}{4}$ cents per page for every copy that he may have ordered. New subscribers who may wish any correspondence, will oblige us by inclosing stamps.

Papers giving this advertisement one insertion, editorially calling attention to the same, and sending a marked copy to the subscriber, shall receive one copy of the first imprint.

Address, A. DENNY, Sec'y, Sugsville, Ala.

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S. W. BUTLER, M.D., No. 701 Arch Street.

THE EYE AND EAR.

Dr. Turnbull's Fourth Annual Course of Lectures on the Medicine and Surgery of the Eye and Ear will commence at the Lecture-room of the College Avenue Anatomical School on the 16th of October, at 9 A.M., and continue till March. The Course will be fully illustrated, and cases will be furnished to advanced members of the class.

A Public Clinicque will also be held twice a week at the Western Clinical Infirmary. Fee for the entire Course, \$15.
LAURENCE TURNBULL, 1208 Spruce Street.

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The undersigned will receive Students into his office for the whole or a part of their Term of Study, at the ordinary charges. Models, Specimens, Drawings, and other materials necessary to illustrate the various branches of medicine will be provided.

JAS. M. CORSE, M.D., 150 N. Tenth Street.

PRACTICAL INSTRUCTION IN OBSTETRICS.

Dr. W. B. Atkinson will give a Practical Course on the Science and Art of Midwifery, during the coming session. These lectures will be amply illustrated by the Manikin, Diagrams, preparations, etc. The Lectures will be given at such hours as will not conflict with the College Lectures. The members of the class will be furnished with cases to attend, under the supervision of the Lecturer. Fee, \$15. For further information, apply to

WM. B. ATKINSON, M.D., 215 Spruce Street,
or, at "College Avenue Anatomical School," S.E. corner of Tenth Street and College Avenue.

DAILY MEDICAL EXAMINATIONS

Will be held by the undersigned, on all the branches taught in the University of Pennsylvania, at their Rooms, 116 North Ninth Street, above Arch, beginning about the 20th of October.

FEE, \$30.

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WM. H. HOOPER, M.D., 1502 Locust Street,
S. W. BUTLER, M.D., 701 Arch Street.

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JAMES W. WHITE, SECRETARY,
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No. 315 Buttonwood Street, will instruct Medical Students in the German Language during a Course of Six Weeks, when they are expected to have attained a sufficient knowledge to make out with the patients who speak that language.

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